

<div style="display: flex; justify-content: space-between;"> <span>AO 435 (Rev. 03/08)</span> <span>Administrative Office of the United States Courts</span> </div>					<b>FOR COURT USE ONLY</b>  <b>DUE DATE:</b>	
<b>TRANSCRIPT ORDER</b>						
<i>Please Read Instructions:</i>						
1. NAME <b>Randy Ramseyer</b>			2. PHONE NUMBER <b>(276) 628-4161</b>		3. DATE <b>5/8/2017</b>	
4. MAILING ADDRESS <b>180 West Main Street, Suite B19</b>			5. CITY <b>Abingdon</b>		6. STATE <b>VA</b>	7. ZIP CODE <b>24210</b>
8. CASE NUMBER <b>1:16CR00034</b>		9. JUDGE <b>Judge Jones</b>		DATES OF PROCEEDINGS		
				10. FROM <b>3/8/2017</b>		11. TO <b>3/10/2017</b>
12. CASE NAME <b>US v. Sitesh Patel</b>			LOCATION OF PROCEEDINGS			
			13. CITY <b>Abingdon</b>		14. STATE <b>VA</b>	
15. ORDER FOR						
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)						
PORTIONS		DATE(S)		PORTION(S)		DATE(S)
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)		
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)						
<input type="checkbox"/> OPENING STATEMENT (Defendant)						
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)		
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						
<input type="checkbox"/> OPINION OF COURT						
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)		
<input type="checkbox"/> SENTENCING				<b>Testimony of Sitesh Patel</b>		<b>3/8/17 - 3/10/17</b>
<input type="checkbox"/> BAIL HEARING						
17. ORDER						
CATEGORY	ORIGINAL <small>(Includes Certified Copy to Clerk for Records of the Court)</small>	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE		COSTS
ORDINARY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES			
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>				
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL		0.00
18. SIGNATURE <b>s/ Randv Ramseyer</b>				PROCESSED BY		
19. DATE <b>5/8/2017</b>				PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS		
ORDER RECEIVED		DATE	BY			
DEPOSIT PAID				DEPOSIT PAID		
TRANSCRIPT ORDERED				TOTAL CHARGES		0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT		0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED		
PARTY RECEIVED TRANSCRIPT				TOTAL DUE		0.00